



INDIVIDUALIZED EDUCATION PROGRAM  
TEAM DETERMINATION OF ELIGIBILITY

Page 1 of \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

☐ Initial Evaluation

School: \_\_\_\_\_ Date: \_\_\_\_\_

☐ 3-Year Re-evaluation

I. Presence of Severe Discrepancy. (Select either A or B and then complete items II through IV.)

☐ A. The IEP Team finds a severe discrepancy between measures of intellectual ability and one or more of the following areas of achievement:

☐ Oral Expression

☐ Written Expression

☐ Listening Comprehension

☐ Mathematics Calculation

☐ Basic Reading Skills

☐ Mathematics Reasoning

☐ Reading Comprehension

☐ B. Standard measures do not reveal a severe discrepancy, but the IEP Team finds that a severe discrepancy does exist based upon the additional documentation provided in the attached report.  
(Complete and attach Specific Learning Disability Discrepancy documentation)

II. The discrepancy identified in Item I. (above) is directly related to a processing disorder. ☐ Yes ☐ No

Check appropriate area(s):

☐ Sensory Motor Skills

☐ Visual Processing

☐ Auditory Processing

☐ Attention

☐ Cognitive Abilities, (including association, conceptualization and expression)

III. If any of the items below (A-E) are checked "Yes", the student may not be identified as having a specific learning disability.

A. The discrepancy is due primarily to limited school experience or poor school attendance. ☐ Yes ☐ No

B. The discrepancy is a result of environmental, cultural difference or economic disadvantage. ☐ Yes ☐ No

C. The discrepancy is due primarily to mental retardation or emotional disturbance. ☐ Yes ☐ No

D. The discrepancy is due primarily to a visual, hearing, or motor disability. ☐ Yes ☐ No

E. This discrepancy can be corrected through other regular or categorical services offered within the regular instructional program. ☐ Yes ☐ No

IV. The student has a specific learning disability. ☐ Yes ☐ No

I agree with the conclusions stated above:

\_\_\_\_\_  
Credentialed School Psychologist/Date

\_\_\_\_\_  
Special Ed. Admin./Designee/Date

\_\_\_\_\_  
Counselor/Resources Specialist/Date

\_\_\_\_\_  
Teacher/Date

\_\_\_\_\_  
Language Speech Specialist/Date

\_\_\_\_\_  
Nurse/Date

\_\_\_\_\_  
Parent/Guardian/Date

\_\_\_\_\_  
Other/Date

My assessment of this student differs from the above report at follows: Statement (attach additional pages as necessary)

\_\_\_\_\_  
Signature and Title/Date

**SPECIFIC LEARNING DISABILITY DISCREPANCY DOCUMENTATION REPORT  
(INDIVIDUALIZED EDUCATION PROGRAM TEAM CERTIFICATION)**

Page 2 of \_\_\_\_\_  
Student Name: \_\_\_\_\_

This form is to be completed and attached to the IEP Team Certification Identification of Specific Learning Disability Form in order to document the presence of a Specific Learning Disability in instances when the student does not exhibit a severe discrepancy between ability and achievement as measured by standardized test. (Ed. Code Section 3030j Paragraph C)

Statement of the area, the degree, and the basis and method used in determining the discrepancy:

1. Data from assessment instruments (ability and achievement): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Information provided by the parent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Information provided by the pupil's present teacher: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Summary of the pupil's classroom performance:
  - a. Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Work Samples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Group Test Scores: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Consideration of the pupil's age: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Additional Relevant Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTERIM PLACEMENT****DATES**

Student Name First Middle Last D.O.B. Age Sex

Social Security # I.D. Code Grade

Name of Parent/Surrogate/Guardian Phone: Home Phone: Work

Address Apt.# City Zip

Current District of Residence Current School of Residence

Home Language Student's Language

Migrant Ed: ☐ NO ☐ YESInterpreter Required: ☐ NO ☐ YESLimited English Proficient: ☐ NO ☐ YES**ETHNICITY**
☐ Native American ☐ Hispanic  
☐ Black ☐ White Code  
☐ Other

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

30 Day Review \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Triennial \_\_\_\_/\_\_\_\_/\_\_\_\_

Last IEP \_\_\_\_/\_\_\_\_/\_\_\_\_

**AGENCY SERVICES**
☐ CA Child. Services (CCS) ☐ Dept. of Rehabilitation  
☐ County Mental Health ☐ Regional Center  
☐ Dept. of Social Services  
☐ Other
**RESIDENCY**
☐ Parent/Guardian ☐ Foster #  
☐ Licensed Children's Institution #  
☐ Other
**PRIMARY DISABILITY CATEGORY**
☐ Specific Learning Disability ☐ Speech/Lang. Impaired  
☐ Hard of Hearing ☐ Other Health Impaired  
☐ Deaf ☐ Mental Retardation  
☐ Deaf-Blind ☐ Multiple Disabilities  
☐ Visually Impaired ☐ Autistic  
☐ Orthopedically Impaired ☐ Traumatic Brain Injury  
☐ Emotionally Disturbed ☐ Estab. Med. Disability (0-5yrs)
**PRIMARY PLACEMENT**
☐ General Education  
☐ Designated Instruction  
☐ Resource Specialist  
☐ Special Day Class  
☐ Non Public School  
☐ Other
**PROPOSED DISTRICT/SCHOOL OF ATTENDANCE****PRIMARY SERVICE LOCATION****SPECIAL EDUCATION TRANSPORTATION**☐ NO ☐ YES**PARENTAL CONSENT** (Please initial areas that are acceptable) (3 areas)

\_\_\_\_ I received a notice of my Parental Rights and Procedural Safeguards for Special Education and understand them.

\_\_\_\_ I agree with the interim placement.

\_\_\_\_ I agree with the interim service recommendations.

Signature of Parent/Guardian/Surrogate Date

**In addition to the parents, the following were participants in the Interim Placement decision**

School District Representative Date

Additional Participant/Title Date

Additional Participant/Title Date

Additional Participant/Title Date

Service	Start/End Date	Frequency/Time* (circle one)	Location
_____	_____	/ per wk / mo / yr	_____
_____	_____	/ per wk / mo / yr	_____
_____	_____	/ per wk / mo / yr	_____
_____	_____	/ per wk / mo / yr	_____

\*Excluding non-student days per school calendar.

**HEALTH**

Significant health/medical problems:(Including medication if any) \_\_\_\_\_

**VERIFICATION OF PREVIOUS PLACEMENT**

Made with: \_\_\_\_\_ Name

School &amp; District Phone

Date of verification request \_\_\_\_/\_\_\_\_/\_\_\_\_

A current IEP is attached ☐ NO ☐ YES

(If No, complete "Goals and Objectives" IEP page and obtain copy of last IEP from prior district.)

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_